

LONG REPORT - completed annually by: For-Profit Companies and Larger Ambulance Organizations
- completed by all applicants for a General Rate Increase

ACTUAL FINANCIAL DATA
AMBULANCE REVENUE and COST REPORT
GENERAL INFORMATION and CERTIFICATION

Legal Name of Company: Ajo Ambulance, Inc CON No. 101

D.B.A. (Doing Business As): _____ Business Phone: _____

Financial Records Address: 1850 N Ajo-Gila Bend Hwy City: Ajo Zip Code: 85321

Mailing Address (if Different): _____ City: _____ Zip Code: _____

Owner / Manager: Lonnie Guthrie

Report Contact Person: Lonnie Guthrie Business Phone: 520-387-5154 Ext. _____

Report for Period From: From: July 1, 2013 To: June 30, 2014

Method of Valuing Inventory: LIFO: _____ FIFO: _____ Other (Explain): NIA

Please attach a list of all affiliated organizations (parents/subsidiaries) that exhibit at least 5% ownership/vesting.

I hereby verify that I have directed the preparation of the enclosed annual report in accordance with the reporting requirements of the State of Arizona.

I have read this report and hereby verify that the information provided is true and correct to the best of my knowledge.

This report has been prepared using the accrual basis of accounting.

Authorized Signature: _____

Title: _____

RMS Chief

Date: 12/3/2014

Mailed to:

Department of Health Services
Bureau of Emergency Medical Services
Certificate of Necessity and Rates Section
150 North 18th Avenue, Suite 540
Phoenix, AZ 85007-3248
Telephone: (602) 384-3150
Fax: (602) 384-3587

05/22/2004 Formula's Excluded

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Ajo Ambulance, Inc

FOR THE PERIOD

FROM:

July 1, 2013

TO:

June 30, 2014

STATISTICAL SUPPORT DATA

Line No.	DESCRIPTION	(1) SUBSCRIPTION SERVICE TRANSPORTS	(2)** TRANSPORTS UNDER CONTRACT	(3) TRANSPORTS NOT UNDER CONTRACT	(4) TOTALS
1	Number of ALS Billable Transports:	-	-	1,822	1,822
2	Number of BLS Billable Transports:	-	-	1,309	1,309
3	Number of Loaded Billable Miles:	-	-	181,387	181,387
4	Waiting Time (Hr. & Min.):	-	-	3	3
5	Canceled (Non-Billable) Runs:	-	-		-
					Number
	Volunteer Services: (OPTIONAL)				Donated Hours
6	Paramedic and IEMT	.....			-
7	Emergency Medical Technician - B	.....			-
8	Other Ambulance Attendants	.....			-
9	Total Volunteer Hours	.....			-

** This column reports only those runs where a contracted discount rate was applied. See Page 7 to provide additional information regarding discounted contract runs.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Ajo Ambulance, Inc

FOR THE PERIOD

FROM: July 1, 2013

TO: June 30, 2014

STATISTICAL SUPPORT DATA

		(1)	(2)	(3)
Line No.	Type of Service	SUBSIDIZED PATIENTS	NON-SUBSIDIZED PATIENTS	TOTALS
1	Number of ALS Billable Transports:	<u>N/A</u>	<u>-</u>	<u>-</u>
2	Number of BLS Billable Transports:	<u>-</u>	<u>-</u>	<u>-</u>
3	Number of Loaded Billable Miles:	<u>-</u>	<u>-</u>	<u>-</u>
4	Waiting Time (Hr. & Min.):	<u>-</u>	<u>-</u>	<u>-</u>
5	Canceled (Non-Billable) Runs:	<u>-</u>	<u>-</u>	<u>-</u>
				Number
				Donated Hours
	Volunteer Services: (OPTIONAL)			
6	Paramedic and IEMT			<u>-</u>
7	Emergency Medical Technician - B			<u>-</u>
8	Other Ambulance Attendants			<u>-</u>
9	Total Volunteer Hours			<u>-</u>

Note: This page and page 3.1, Routine Operating Revenue, are only for those governmental agencies that apply subsidy to patient billings.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Ajo Ambulance, Inc

FOR THE PERIOD

FROM: July 1, 2013

TO: June 30, 2014

STATEMENT OF INCOME

<u>Line No.</u>	<u>DESCRIPTION</u>	<u>FROM</u>	
Operating Revenues:			
1	Ambulance Service Routine Operating Revenue	Page 3, Line 10 & Page 3.1, Line 10	\$ <u>6,473,869</u>
Loss:			
2	AHCCCS Settlement	Page 3.1, Line 11	<u>(990,598)</u>
3	Medicare Settlement	Page 3.1, Line 12	<u>(870,073)</u>
4	Contractual Discounts	Page 7, Line 22	<u>-</u>
5	Subscription Service Settlement	Page 8, Line 4	<u>-</u>
6	Other (Attach Schedule)	Page 3.1, Line 13	<u>-</u>
7	Total	Sum of Lines 2 through 6	<u>(1,860,671)</u>
8	Net Revenue from Ambulance Runs	Line 1, minus Line 7	<u>4,613,198</u>
9	Sales of Subscription Service Contracts	Page 8, Line 8	<u>-</u>
10	Total Operating Revenue	Line 8, plus Line 9	\$ <u>4,613,198</u>
Ambulance Operating Expenses:			
11	Bad Debt (Includes Subscription Services Bad Debt)		<u>1,283,410.66</u>
12	Wages, Payroll Taxes, and Employee Benefits	Page 4, Line 22	<u>3,116,573</u>
13	General and Administrative Expenses	Page 5, Line 20	<u>138,814</u>
14	Cost of Goods Sold	Page 3, Line 15	<u>-</u>
15	Other Operating Expense	Page 6, Line 28	<u>680,325</u>
16	Interest Expense (Attach Schedule IV)	Page 14, Line 28, Column 4 & 5	<u>79,797</u>
17	Subscription Service Direct Selling	Page 8, Line 23	<u>-</u>
18	Total Operating Expense	Sum of Lines 11 through 17	<u>5,278,925</u>
19	Ambulance Service Income (Loss)	Line 10, minus Line 18	<u>(665,727)</u>
Other Revenue / Expenses:			
20	Other Operating Revenue and Expense	Page 9, Line 17	<u>46,309</u>
21	Non-Operating Revenue and Expense		<u>-</u>
22	Non-Deductible Expenses (Attach Schedule)		<u>-</u>
23	Total Other Revenues / Expenses	Sum of Lines 20 & 21	<u>46,309</u>
24	Ambulance Service Income (Loss) - Before Income Taxes	Sum of Line 19, plus Line 23	<u>(619,418)</u>
Provision for Income Taxes:			
25	Federal Income Tax		<u>-</u>
26	State Income Tax		<u>-</u>
27	Total Income Tax	Lines 25, plus Line 26	<u>-</u>
28	Ambulance Service Net Income (Loss)	Line 24, minus Line 27	<u>(619,418)</u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Ajo Ambulance, Inc

FOR THE PERIOD

FROM: July 1, 2013

TO: June 30, 2014

ROUTINE OPERATING REVENUE

Line No.	DESCRIPTION						
Ambulance Service Routine Operating Revenue:							
1	ALS Base Rate Amount	Rate	\$ 1,142.79	x No. of Runs	1,822	=	\$ 2,082,163
		Rate	941.16	x No. of Runs		=	-
2	BLS Base Rate Amount	Rate	1,142.79	x No. of Runs	1,309	=	1,495,912
		Rate	941.16	x No. of Runs		=	-
3	Mileage Rate Amount	Rate	15.96	x No. of Billable Miles	181,387	=	2,894,937
		Rate	16.15	x No. of Billable Miles		=	-
4	Waiting Charge Amount	Rate	285.70	x No. of Hours	3	=	857
		Rate	-	x No. of Hours		=	-
5	Medical Supplies (Gross Charges to patients)						-
6	Nurses Charges						-
7	Total						6,473,869
8	Standby Revenue (Attach Schedule)						-
9	Other Ambulance Service Revenue (Attach Schedule)						-
10	Total Ambulance Service Routine Operating Revenue (To Page 2, Line 1)						\$ 6,473,869
Cost of Goods Sold: (Medical Supplies)							
11	Inventory at Beginning of Year			N/A			
12	Plus Purchases						
13	Plus Other Costs						
14	Less Inventory at End of Year						
15	Cost of Goods Sold (To Page 2, Line 14)						\$ N/A

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Ajo Ambulance, Inc

FOR THE PERIOD

FROM: July 1, 2013

TO: June 30, 2014

ROUTINE OPERATING REVENUE

Identified by subsidized and non-subsidized patients
(1) (2) (3)

Line No.	DESCRIPTION	SUBSIDIZED PATIENTS	NON-SUBSIDIZED PATIENTS	TOTALS
AMBULANCE SERVICE OPERATING REVENUE				
1	ALS Base Rate	\$ <u>N/A</u>	\$ _____	\$ _____
2	BLS Base Rate	_____	_____	_____
3	Mileage Charge	_____	_____	_____
4	Waiting Charge	_____	_____	_____
5	Medical Supplies (Gross Charges)	_____	_____	_____
6	Nurses' Charges	_____	_____	_____
7	Total	\$ _____	\$ _____	\$ _____
Plus:				
8	Standby Revenue (Attach Schedule)	_____	_____	_____
9	Other Ambulance Service Revenue (Attach Schedule)	_____	_____	_____
10	Total Ambulance Service Routine Operating Revenue (Post to Pg 2, Line 1)	_____	_____	\$ _____
Less:				
11	AHCCCS Settlement (Post total to Pg 2, Line 2)	\$ _____	\$ _____	\$ _____
12	Medicare Settlement (Post total to Pg 2, Line 3)	_____	_____	_____
13	Subsidy (Post total to Pg 2, Line 6)	_____	XXXXXXX	_____
14	Other (Attach Schedule)	_____	_____	_____
15	Total Settlements (Post to Pg 2, Line 7)	\$ _____	\$ _____	\$ _____

Note: This page and page 1.1, are only for those governmental agencies that apply subsidy to patient billings.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Ajo Ambulance, Inc

FOR THE PERIOD

FROM:

July 1, 2013

TO:

June 30, 2014

WAGES, PAYROLL TAXES, and EMPLOYEE BENEFITS

Line No.	DESCRIPTION	No. of F.T.E.	AMOUNT
OFFICERS / OWNERS (Attach Schedule 1, Wage Category; Pg 10, Line 7)			
1	Gross Wages	0.0	\$ -
2	Payroll Taxes		-
3	Employee Fringe Benefits		-
4	Total	0.0	-
MANAGEMENT (Attach Schedule II, Wage Detail; Pg 11)			
5	Gross Wages	2.0	132,517
6	Payroll Taxes		9,954
7	Employee Fringe Benefits		30,352
8	Total	2.0	172,823
AMBULANCE PERSONNEL (Attach Schedule II, Wage Detail; Pg 11) ** Casual Labor Wages			
9	Gross Wages		
9	Paramedics and IEMT	\$ 21.3	993,416
10	Emergency Medical Technician (EMT)	\$ 30.1	967,380
11	Nurses	\$ 0.0	-
12	Payroll Taxes		147,285
13	Employee Fringe Benefits		449,105
14	Total	51.4	2,657,187
OTHER PERSONNEL (Attach Schedule II, Wage Detail; Pg 11)			
15	Gross Wages		
15	Dispatch	0.0	-
16	Mechanics	3.3	142,682
17	Office and Clerical	5.1	153,216
18	Other	0.0	510
19	Payroll Taxes		22,265
20	Employee Fringe Benefits		67,890
21	Total	8.4	386,563
22	Total F.T.E., Wages, Payroll Taxes, & Employee Benefits (Post to Pg 2, line 12)	61.8	\$ 3,116,573

* Full-time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2,080.

** The sum of Casual Labor (wages paid on a per run basis) plus Wages paid is entered in Column 2 by line item. However when calculating F.T.E.s, do not include casual labor hours worked or expenses incurred.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Ajo Ambulance, Inc

FOR THE PERIOD

FROM:

July 1, 2013

TO:

June 30, 2014

ALLOCATION OF WAGES, PAYROLL TAXES, and EMPLOYEE BENEFITS

Line No.	DESCRIPTION	(1) No. of F.T.E.	(2) Total Expenditure	(3) Allocation Percentage	(4) Ambulance Amount
MANAGEMENT					
1	Gross Wages (Attach Schedule II)	2.0	132,517	100%	132,517
2	Payroll Taxes		9,954	100%	9,954
3	Employee Fringe Benefits		30,352	100%	30,352
4	Total	2.0	172,823		172,823
AMBULANCE PERSONNEL					
			** Contractual		Wages
	Gross Wages (Attach Schedule II)		Labor		
5	Paramedics and IEMT	21.3	993,416	100%	993,416
6	Emergency Medical Technician (EMT)	30.1	967,380	100%	967,380
7	Nurses	-	-	0%	-
8	Drivers	-	-	0%	-
9	Payroll Taxes		147,285	100%	147,285
10	Employee Fringe Benefits		449,105	100%	449,105
11	Total	51.4	2,557,187		2,557,187
OTHER PERSONNEL					
	Gross Wages (Attach Schedule II)				
12	Dispatch	-	-	0%	-
13	Mechanics	3.3	142,662	100%	142,662.00
14	Office and Clerical	5.1	153,216	100%	153,216.00
15	Other	0.0	510	100%	510.00
16	Payroll Taxes		22,265	100%	22,264.80
17	Employee Fringe Benefits		67,890	100%	67,890.16
18	Total	8.4	386,563		386,563
19	TOTAL F.T.E., WAGES, PAYROLL TAXES & EMPLOYEE BENEFITS (Post to Pg 2, line 12)	61.8	3,116,573		\$ 3,116,573

* Full-time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2,080.

** The sum of Casual Labor (wages paid on a per run basis) plus Wages paid is entered in Column 2 by line item. However, when calculating F.T.E's, do not include casual labor hours worked or expenses incurred.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Ajo Ambulance, Inc

FOR THE PERIOD

FROM: July 1, 2013

TO: June 30, 2014

BASIS OF ALLOCATIONS OF WAGES, PAYROLL et al.

<u>Lino</u> <u>No.</u>	<u>DESCRIPTION</u>	<u>Basis of Allocations</u>	
1	Gross Wages - MANAGEMENT	<u>100% Allocated to ambulance operations</u>	
2	Payroll Taxes	<u>100% Allocated to ambulance operations</u>	
3	Employee Fringe Benefits	<u>100% Allocated to ambulance operations</u>	
4	Total	<u>100% Allocated to ambulance operations</u>	
		Contractual	Wages
Gross Wages - AMBULANCE PERSONNEL			
5	Paramedics and IEMT	<u></u>	<u>100% Allocated to ambulance operations</u>
6	Emergency Medical Technician (EMT)	<u></u>	<u>100% Allocated to ambulance operations</u>
7	Nurses	<u></u>	<u>N/A</u>
8	Drivers	<u></u>	<u>N/A</u>
9	Payroll Taxes	<u></u>	<u>100% Allocated to ambulance operations</u>
10	Employee Fringe Benefits	<u></u>	<u>100% Allocated to ambulance operations</u>
11	Total	<u></u>	<u>100% Allocated to ambulance operations</u>
Gross Wages - OTHER PERSONNEL			
12	Dispatch	<u></u>	<u>N/A</u>
13	Mechanics	<u></u>	<u>100% Allocated to ambulance operations</u>
14	Office and Clerical	<u></u>	<u>100% Allocated to ambulance operations</u>
15	Other	<u></u>	<u>100% Allocated to ambulance operations</u>
16	Payroll Taxes	<u></u>	<u>100% Allocated to ambulance operations</u>
17	Employee Fringe Benefits	<u></u>	<u>100% Allocated to ambulance operations</u>
18	Total	<u></u>	<u>100% Allocated to ambulance operations</u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Ajo Ambulance, Inc

FOR THE PERIOD

FROM: July 1, 2013

TO: June 30, 2014

GENERAL and ADMINISTRATIVE EXPENSES

Line

No.

DESCRIPTION

Professional Service:

1	Legal Fees		\$	-
2	Collection Fees			1,803
3	Accounting and Auditing			9,562
4	Data Processing Fees			-
5	Other (Attach Schedule)			11,713
6	Total		\$	23,078

Travel and Entertainment:

7	Meals and Entertainment			-
8	Transportation - Other Company Vehicles			-
9	Travel			1,030
10	Other (Attach Schedule)			-
11	Total			1,030

Other General and Administrative:

12	Office Supplies			15,793
13	Postage			2,820
14	Telephone			20,380
15	Advertising			1,093
16	Professional Liability Insurance			45,719
17	Dues and Subscriptions			6,412
18	Other (Attach Schedule)			22,469
19	Total			114,706
20	Total General and Administrative Expenses	(Post to Page 2, Line 13)	\$	138,814

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Ajo Ambulance, Inc

FOR THE PERIOD

FROM: July 1, 2013

TO: June 30, 2014

ALLOCATION of GENERAL and ADMINISTRATIVE EXPENSES

Line No.	DESCRIPTION	(1) Total Expenditure	(2) Allocation Percentage	(3) Ambulance Amount
Professional Service:				
1	Legal Fees	\$ -	0%	\$ -
2	Collection Fees	1,803	100%	1,803
3	Accounting and Auditing	9,562	100%	9,562
4	Data Processing Fees	-	0%	-
5	Other (Employee Health)	11,713	100%	11,713
6	Total	23,078		23,078
Travel and Entertainment:				
7	Meals and Entertainment	-	0%	-
8	Transportation - Other Company Vehicles	-	0%	-
9	Travel	1,030	100%	1,030
10	Other (Attach Schedule)	-	0%	-
11	Total	1,030		1,030
Other General and Administrative:				
12	Office Supplies	15,793	100%	15,793
13	Postage	2,820	100%	2,820
14	Telephone	20,380	100%	20,380
15	Advertising	1,093	100%	1,093
16	Professional Liability Insurance	45,719	100%	45,719
17	Dues and Subscriptions	6,412	100%	6,412
18	Other (See Attached)	22,489	100%	22,489
19	Total	114,706		114,706
20	Total General and Administrative Expenses (Post to Page 2, Line 13)	\$ 138,814		138,814

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Ajo Ambulance, Inc

FOR THE PERIOD

FROM: July 1, 2013

TO: June 30, 2014

GENERAL and ADMINISTRATIVE EXPENSES

Line

No.

DESCRIPTION

Other General and Administrative:

18.1	License & Fees	2,135	100%	2,135
18.2	Computer/Software Expense	9,876	100%	9,876
18.3	Miscellaneous	6,037	100%	6,037
18.4	Bank Service Charges	4,441	100%	4,441
18.5		-	0%	-
18.6		-	0%	-
18.7		-	0%	-
18	Total	22,489		22,489

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Ajo Ambulance, Inc

FOR THE PERIOD FROM: July 1, 2013 TO: June 30, 2014

BASIS of ALLOCATION OF GENERAL and ADMINISTRATIVE EXPENSES

<u>Line No.</u>	<u>DESCRIPTION</u>	<u>Basis of Allocation</u>
Professional Service:		
1	Legal Fees	100% based on allocation of resources to ambulance
2	Collection Fees	100% based on allocation of resources to ambulance
3	Accounting and Auditing	100% based on allocation of resources to ambulance
4	Data Processing Fees	100% based on allocation of resources to ambulance
5	Other (Employee Health)	100% based on allocation of resources to ambulance
6	Total	
Travel and Entertainment:		
7	Meals and Entertainment	N/A
8	Transportation - Other Company Vehicles	N/A
9	Travel	100% based on allocation of resources to ambulance
10	Other (Attach Schedule)	N/A
11	Total	
Other General and Administrative:		
12	Office Supplies	100% based on allocation of resources to ambulance
13	Postage	100% based on allocation of resources to ambulance
14	Telephone	100% based on allocation of resources to ambulance
15	Advertising	100% based on allocation of resources to ambulance
16	Professional Liability Insurance	100% based on allocation of resources to ambulance
17	Dues and Subscriptions	100% based on allocation of resources to ambulance
18	Other (Attach Schedule)	100% based on allocation of resources to ambulance
19	Total	

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AMBULANCE SERVICE ENTITY:

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FROM: July 1, 2013

TO: June 30, 2014

OTHER OPERATING EXPENSES

Line

No. DESCRIPTION

Depreciation and Amortization:

1	Depreciation (Attach Schedule III)	(From Pg 13, Line 20, Col I)	\$ <u>141,970</u>
2	Amortization		<u>-</u>
3	Total		\$ <u>141,970</u>

4	Rent / Lease (Attach Schedule III)	(From Pg 13, Line 20, Col K)	<u>10,090</u>
---	--	------------------------------------	---------------

Building / Station Expense:

5	Building and Cleaning Supplies	<u>9,176</u>
6	Utilities	<u>56,618</u>
7	Property Taxes	<u>14,149</u>
8	Property Insurance	<u>-</u>
9	Repairs and Maintenance	<u>7,359</u>
10	Other (Attach Schedule)	<u>-</u>
11	Total	<u>87,302</u>

Vehicle Expense - Ambulance Units:

12	License / Registration	<u>3,500</u>
13	Fuel	<u>229,095</u>
14	General Vehicle Service and Maintenance	<u>83,836</u>
15	Major Repairs	<u>12,316</u>
16	Insurance - Service Vehicles	<u>-</u>
17	Other (Attach Schedule)	<u>16,113</u>
18	Total	<u>344,860</u>

Other Expenses:

19	Dispatch	<u>8,424</u>
20	Education / Training	<u>3,887</u>
21	Uniforms and Uniform Cleaning	<u>1,818</u>
22	Meals and Travel for Ambulance personnel	<u>-</u>
23	Maintenance Contracts	<u>-</u>
24	Minor Equipment - Not Capitalized	<u>557</u>
25	Ambulance Supplies - Nonchargeable	<u>61,417</u>
26	Other (Attach Schedule)	<u>-</u>
27	Total	<u>76,103</u>
28	Total Other Operating Expenses	(Post to Page 2, Line 15) <u>\$ 660,325</u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Ajo Ambulance, Inc

FOR THE PERIOD FROM: July 1, 2013 TO: June 30, 2014

ALLOCATION of OTHER OPERATING EXPENSES

Line No.	DESCRIPTION	(1) Total Expenditure	(2) Allocation Percentage	(3) Ambulance Amount
Depreciation and Amortization:				
1	Depreciation (Attach Schedule II) (From Pg 13, Line 20, Col I)	\$ 141,970	100%	\$ 141,970
2	Amortization			-
3	Total	141,970		141,970
4	Rent / Lease (Attach Schedule III) (From Pg 13, Line 20, Col K)	10,090	100%	10,090
Building / Station Expense:				
5	Building and Cleaning Supplies	9,176	100%	9,176
6	Utilities	56,618	100%	56,618
7	Property Taxes	14,149	100%	14,149
8	Property Insurance	-	0%	-
9	Repairs and Maintenance	7,359	100%	7,359
10	Other (Attach Schedule)	-	0%	-
11	Total	87,302		87,302
Vehicle Expense - Ambulance Units:				
12	License / Registration	3,500	100%	3,500
13	Fuel	229,095	100%	229,095
14	General Vehicle Service and Maintenance	83,836	100%	83,836
15	Major Repairs	12,316	100%	12,316
16	Insurance - Service Vehicles	-	0%	-
17	Other (Tires)	16,113	100%	16,113
18	Total	344,860		344,860
Other Expenses:				
19	Dispatch	8,424	100%	8,424
20	Education / Training	3,887	100%	3,887
21	Uniforms and Uniform Cleaning	1,818	100%	1,818
22	Meals and Travel - Ambulance Personnel	-	0%	-
23	Maintenance Contracts	-	100%	-
24	Minor Equipment - Not Capitalized	557	100%	557
25	Ambulance Supplies - Nonchargeable	61,417	100%	61,417
26	Other (Attach Schedule)	-		-
27	Total	76,103		76,103
28	Total Other Operating Expenses (Post to Page 2, Line 15)	\$ 660,325		\$ 660,325

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Ajo Ambulance, Inc

FOR THE PERIOD FROM: July 1, 2013 TO: June 30, 2014

BASIS of ALLOCATION OF OTHER EXPENSES

<u>Line No.</u>	<u>DESCRIPTION</u>	<u>Basis of Allocation</u>
Depreciation and Amortization:		
1	Depreciation	100% of already allocated depreciation schedule
2	Amortization	N/A
3	Total	
4	Rent / Lease	100% applied to ambulance operations
Building / Station Expense:		
5	Building and Cleaning Supplies	100% applied to ambulance operations
6	Utilities	100% applied to ambulance operations
7	Property Taxes	100% applied to ambulance operations
8	Property Insurance	Included on pg 5 Line 16
9	Repairs and Maintenance	100% applied to ambulance operations
10	Other	N/A
11	Total	100% applied to ambulance operations
Vehicle Expense - Ambulance Units:		
12	License / Registration	100% applied to ambulance operations
13	Fuel	100% applied to ambulance operations
14	General Vehicle Service and Maintenance	100% applied to ambulance operations
15	Major Repairs	100% applied to ambulance operations
16	Insurance - Service Vehicles	Included on pg 5 Line 16
17	Other	N/A
18	Total	100% applied to ambulance operations
Other Expenses:		
19	Dispatch	100% applied to ambulance operations
20	Education / Training	100% applied to ambulance operations
21	Uniforms and Uniform Cleaning	100% applied to ambulance operations
22	Meals and Travel for Ambulance personnel	N/A
23	Maintenance Contracts	N/A
24	Minor Equipment - Not Capitalized	100% applied to ambulance operations
25	Ambulance Supplies - Nonchargeable	100% applied to ambulance operations
26	Other (Attach Schedule)	
27	Total	100% applied to ambulance operations

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AMBULANCE SERVICE ENTITY:

Ajo Ambulance, Inc

FOR THE PERIOD

FROM: July 1, 2013 TO: June 30, 2014

DETAIL OF CONTRACTUAL ALLOWANCES

<u>Line No.</u>	<u>Name of Contracting Entity</u>	<u>Total Billable Runs</u>	<u>Gross Billing</u>	<u>Percent Discount</u>	<u>Allowance</u>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22	(Post Total to Page 2, Line 4)				

Page 7

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FOR THE PERIOD

FROM: July 1, 2013 TO: June 30, 2014

**SUBSCRIPTION SERVICE REVENUE AND
DIRECT SELLING EXPENSES**

Line No.	Description	
1	Billings at Fully Established Rate	\$
Less:		
2	AHCCCS Settlement	\$
3	Medicare Settlement .....	.....
4	Subscription Service Settlement (Post to Pg 2, Line 5) ...	.....
5	Subscription Service Bad Debt .....	.....
6	Total .....	.....
Plus:		
7	Net Revenue from Subscription Service Runs .....	.....
8	Sales of Subscription Service (Post to Pg 2, Line 9) .....	.....
9	Other Revenue (attach schedule) .....	.....
10	Total Subscription Service Revenue (total of Lines 7, 8 and 9)	.....
Direct Expenses Incurred Selling Subscription Contracts		
11	Salaries / Wages .....	.....
12	Payroll Taxes .....	.....
13	Employee Fringe Benefits .....	.....
14	Professional Services .....	.....
15	Contract Labor .....	.....
16	Travel .....	.....
17	Other General & Administrative Expenses .....	.....
18	Depreciation / Amortization .....	.....
19	Rent / Lease .....	.....
20	Building / Station Expense .....	.....
21	Transportation / Vehicles .....	.....
22	Other: (attach schedule)
23	Total Subscription Service Expenses (Post to Pg 2, Line 17)	\$

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Ajo Ambulance, Inc

FOR THE PERIOD

FROM:

July 1, 2013

TO:

June 30, 2014

OTHER OPERATING REVENUES & EXPENSES

Line
No.

Description

Other Operating Revenues:

1	Supportive Funding - Local	(attach schedule)	\$ 42,936
2	Grant Funds - State	(attach schedule)	3,600
3	Grant Funds - Federal	(attach schedule)	
4	Grant Funds - Other	(attach schedule)	
5	Patient Finance Charges		2
6	Patient Late Payment Charges		
7	Interest Earned - Related Person / Organization		
8	Interest Earned - Other		171
9	Gain on Sale of Operating Property		
10	Other:		
11	Other:		
12	Total Other Operating Revenues		\$ 46,709
Other Operating Expenses:			
13	Loss on Sale of Operating Property		
14	Other: Donation Expense		400
15	Other:		
16	Total Other Operating Expenses		400
17	Net Other Operating Revenues and Expenses	(Post to Pg 2, Line 20)	\$ 46,309

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Ajo Ambulance, Inc
 FOR THE PERIOD FROM: July 1, 2013 TO: June 30, 2014

Schedule I DETAIL OF SALARIES / WAGES Officers / Owners

Line No.	Name	Title	% of Ownership	Management	FTE	CEP EMT	OFFICE	FTE	OTHER	FTE	WAGES PAID TO OWNERS	FTE
1												
2												
3												
4												
5												
6												
7	TOTAL											

* Full-time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2080

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Ajo Ambulance, Inc

FOR THE PERIOD FROM: July 1, 2013 TO: June 30, 2014

Schedule II
DETAIL of SALARIES / WAGES
Management, Ambulance Personnel, Other Personnel

Line

No. Detail of Salaries / Wages - Other Than Officers / Owners

1 MANAGEMENT:

Certification and / or Title	Scheduled Shifts (no. of hours worked each week)	Hourly Wage	Annual Salary	\$ Per Run or Shift
CEP/EMT	40/56 hours per week	Various	Various	
Fire Chief	40 hour per week	N/A		

2 AMBULANCE PERSONNEL:

FF/CEP	56 hours per week	Various	Various	
FF/EMT	56 hours per week	Various	Various	

3 OTHER PERSONNEL:

Various Support Staff	40 hours per week	Various	Various	

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Ajo Ambulance, Inc

FOR THE PERIOD

FROM: July 1, 2013

TO: June 30, 2014

Schedule III DEPRECIATION and/or RENT / LEASE EXPENSE AMBULANCE VEHICLES & ACCESSORIAL EQUIPMENT ONLY

Line No.	A Description of Property	B Date Placed in Service	C Cost or Other Basis	D Business Use Percent	E Basis for Depreciation	F Method "straight line" Depreciation	G Recovery Period (in years)	H Depreciation Prior Years	I Current Year Depreciation	J Remaining Basis	K Rent / Lease Amounts *
1	Ambulances	Various	947,963	100%	947,963	SL	5	842,769	68,926	36,288	
2	EMS/Rescue Equipment	Various	68,728	100%	68,728	SL	Var	68,728	-	-	
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											

SUBTOTAL

68,926

Post to Pg 13, Line 19, Column I

Post to Pg 13, Line 19, Column K

* Complete Description of property, date placed in service, and rent/lease amount only.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Alo Ambulance, Inc

FOR THE PERIOD

FROM: July 1, 2013

TO: June 30, 2014

Schedule III
DEPRECIATION and/or RENT / LEASE EXPENSE
ALL OTHER ITEMS

Line No.	A Description of Property	B Date Placed in Service	C Cost or Other Basis	D Business Use Percent	E Basis for Depreciation	F Method of Depreciation	G Recovery Period (in years)	H Depreciation Prior Years	I Current Year Depreciation	J Remaining Basis	K Rent / Lease Amounts *
1	Land	Various	307,891	100%	-	n/a					
2	Buildings	Various	2,367,388	100%	2,367,388	SL	39	189,486	59,661	2,118,231	
3	OH Vehicles	Various	65,586	100%	65,586	SL	5	65,586	-	-	
4	OH Furniture & Equipment	Various	77,520	100%	77,520	SL	Var	64,137	13,383	-	
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17	Building	25-Jun-03	-		-	9					10,090
18	SUBTOTAL above										
19	SUBTOTAL from Page 12, Line 20										
					73,044				73,044	2,118,231	10,090
					68,526				68,526		
20	SUM of Line 18 & 19										
					141,570				141,570	2,118,231	10,090

* Complete Description of property, date placed in service, and rent/lease amount only.

Post from Pg 12, Line 20
Column K

Post to Pg 6, Line 1

Post to Pg 6, Line 4

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Ajo Ambulance, Inc

FOR THE PERIOD

FROM:

July 1, 2013

TO:

June 30, 2014

**Schedule IV
DETAIL OF INTEREST**

Line No.	Description	(1) Interest Rate	(2) Principal Balance		(4) Interest Expense		(5)
			Beginning of Period	End of Period	Related Persons or Organizations	Other	
	Service Vehicles & Accessorial Equipment Name of Payee:						
1			\$	\$	\$	\$	
2							
3							
4							
	Communication Equipment Name of Payee:						
5							
6							
7							
	Other Property and Equipment Name of Payee:						
8	National Bank of Arizona	6.50%	1,169,188	1,069,749	79,797		
9							
10							
	Working Capital Name of Payee:						
11							
12							
13							
	Other Name of Payee:						
14		%					
15	TOTAL		\$ 1,169,188	\$ 1,069,749	\$ 79,797	\$ -	

Post totals of Column 4 & 5 to Pg 2, Line 16

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Ajo Ambulance, Inc

FOR THE PERIOD FROM: July 1, 2013 TO: June 30, 2014

BALANCE SHEET Current audited financial statements may be submitted in lieu of the Balance Sheet

ASSETS

CURRENT ASSETS

1	Cash		\$	472,483	
2	Accounts Receivable			602,931	
3	Less: Allowance for Doubtful Accounts			(277,348)	
4	Inventory			-	
5	Prepaid Expenses			-	
6	Other Current Assets				
7	TOTAL CURRENT ASSETS				\$ 798,066
9	PROPERTY & EQUIPMENT				3,835,076
10	Less: Accumulated Depreciation				(1,372,686)
11	OTHER NON CURRENT ASSETS				0
12	TOTAL ASSETS				\$ 3,260,456

LIABILITIES & EQUITY

CURRENT LIABILITIES

13	Accounts Payable		\$	53,445	
14	Current Portion of Notes Payable			-	
15	Current Portion of Long-Term Debt				
16	Deferred Subscription Income				
17	Accrued Expenses and Other				
18	Payroll Liabilities			39,862	
19					
20	TOTAL CURRENT LIABILITIES				\$ 93,307
21	NOTES PAYABLE				
22	LONG-TERM DEBT OTHER			1,069,749	
23	TOTAL LONG-TERM DEBT				1,069,749

EQUITY & OTHER CREDITS

Paid-In Capital:

24	Common Stock				
25	Paid-In Capital in Excess of Par Value				
26	Contributed Capital				
27	Retained Earnings				
28					
29					
30	Fund Balance			2,097,400	
31	TOTAL EQUITY				2,097,400
32	TOTAL LIABILITIES & EQUITY				\$ 3,260,456

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Ajo Ambulance, Inc

FOR THE PERIOD

FROM: July 1, 2013

TO: June 30, 2014

STATEMENT OF CASH FLOWS

The Cash Flow Statement is ONLY Required for the Projected Period

OPERATING ACTIVITIES:		
1	Net (loss) Income	\$ (619,418)
<i>Adjustments to Reconcile Net Income to Net Cash</i>		
<u>Provided by Operating Activities:</u> Note: a increase in these accounts improves cash flow		
2	Depreciation Expense	141,970
3	Deferred Income Tax	-
4	Loss (gain) on Disposal of Property & Equipment	-
<u>(Increase) Decrease in:</u> Note: a decrease in these accounts improves cash flow		
5	Accounts Receivable	550,214
6	Inventories	-
7	Prepaid Expenses	-
<u>Increase (Decrease) in:</u> Note: a increase in these accounts improves cash flow		
8	Accounts Payable	13,642
9	Accrued Expenses	-
10	Deferred Subscription Income	-
11	NET CASH PROVIDED (Used) BY OPERATING ACTIVITIES	\$ 86,408
INVESTING ACTIVITIES:		
12	Purchases of Property & Equipment	-
13	Proceeds from Disposal of Property & Equipment	-
14	Purchases of Investments	-
15	Proceeds from Disposal of Investments	-
16	Loans Made	-
17	Collections on Loans	-
18	Other	-
19	NET CASH PROVIDED (Used) BY INVESTING ACTIVITIES	-
FINANCING ACTIVITIES:		
<u>New Borrowings:</u>		
20	Long-Term	-
21	Short-Term	-
<u>Debt Reduction:</u>		
22	Long-Term	(99,439)
23	Short-Term	-
24	Capital Contributions	-
25	Dividends Paid	-
26	NET CASH PROVIDED (Used) BY FINANCING ACTIVITIES	(99,439)
27	NET INCREASE (Decrease) IN CASH	(13,031)
28	CASH AT BEGINNING OF YEAR	486,514
29	CASH AT END OF YEAR	473,483

SUPPLEMENTAL DISCLOSURES:

<u>Non-cash Investing and Financing Transactions:</u>		
30		
31		
32		
33	Interest Paid (Net of Amounts Capitalized)	
34	Income Taxes Paid	\$

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